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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	SHO-0029
		First Inventor	Takanobu ADACHI
		Title	GAMING MACHINE
		Express Mail Label No.	

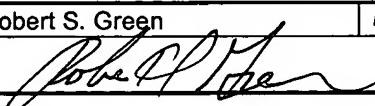
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
3. <input checked="" type="checkbox"/> Specification <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure	9. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 9]</small>	10. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> Paper
5. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	11. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 13. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____	14. <input checked="" type="checkbox"/> English Translation Document (<i>if applicable</i>) 15. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 16. <input type="checkbox"/> Preliminary Amendment 17. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 18. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 19. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number: 23353		OR	<input type="checkbox"/> Correspondence address below	
Name	RADER, FISHMAN & GRAUER PLLC			
Address	1233 20th Street, N.W. Suite 501			
City	Washington	State	DC	Zip Code
Country	US	Telephone	(202) 955-3750	Fax (202) 955-3751

Name (Print/Type)	Robert S. Green	Registration No. (Attorney/Agent)	41,800
Signature			Date
			October 31, 2003

16834 U.S. PTO
10/6/97259
103103



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **770.00**

<i>Complete if Known</i>	
Application Number	Not Yet Assigned
Filing Date	October 31, 2003
First Named Inventor	Takanobu ADACHI
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	SHO-0029

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **18-0013**

Deposit Account Name **Rader, Fishman & Grauer PLLC**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

SUBTOTAL (1) (\$) **770.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	5	-20** =	<input type="text"/> x <input type="text"/> =	0.00
Independent Claims	1	-3** =	<input type="text"/> x <input type="text"/> =	0.00
Multiple Dependent				

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0.00**

** or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **0.00**

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Robert S. Green	Registration No. (Attorney/Agent)	41,800	Telephone	(202) 955-3750
Signature				Date	October 31, 2003